



STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH



DOH Home

# Annual Immunization Status Report

\* Required Fields

\*School ID:

-

\*County:

Select a County

Municipality  
Code:

(not required)

School District:

\*Name of School/ Child Care Facility:

If Facility Recently Changed Name, List  
Previous Name:

Mailing Address:

\*Street:

\*City:

\*Zip Code:

School Address (if different from above)

Street:

City:

Zip Code:

\*Name of Person Completing the Form:

\*Telephone:

School Email Address:

Name of Principal/ Person in Charge:

Title:

\*Total School/Child Care Center Enrollment:

\*Elementary/ Secondary School/Child Care  
Facility:

Public

Non-Public

The school is responsible for assuring that all pupils are in compliance with the New Jersey Immunization requirements. In the boxes below, enter the status of all pupils in your entry level grade, grade 6, and transfer students (any grade).

- Child care facilities must enter the immunization status of all enrolled children who are over 2 months of age on the pre-k line
- If your school has pre-kindergarten classes, enter those children on the pre-k line.
- If your school has a kindergarten grade, enter those children on the kindergarten line.
- Do not include data in the grade 1 boxes unless the student is beginning school for the very first time in grade 1.
- All pupils entering grade 6 record on the grade 6 line.
- Ungraded special education pupils should be included with the appropriate age cohort class.

Grade Level	Not Applicable	*Number of Pupils Enrolled	Pupils Meeting All Immunization Requirements	+Pupils with Provisional Admittance	Pupils with Medical Exemptions	Pupils with Religious Exemptions	Pupils with Status Unknown
Pre-k:							
Kindergarten:							
Grade 1:							
Grade 6:							
**Transfer Students (Out of State/Country only):							

+ Provisional Admittance - those pupils who have begun or are in the process of completing all the required immunizations.

\*\* Transfer Students - all students newly transferred into grades K-12 from any out-of-state/ out-of country school since submission of last year's status report.

\* Optional

If you **do not** have any students under 60 months of age, thank you for completing your Annual Immunization Status Report. Please click on submit and print out your submission.

If you have students under 60 months of age, please consider assisting us in assessing the efficacy of the influenza vaccine requirement. To participate in Influenza Vaccine Implementation Survey (IVIS), please click 'Yes' below. To not participate, please click on 'No'.

Are you willing to complete the IVIS?      Yes      No

### Influenza Vaccine Implementation Survey (IVIS)

As per N.J.A.C. 8:57-4.19, children six months through 59 months of age attending any licensed child care center, or preschool facility shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

Although the survey is voluntary, we need to evaluate the compliance with and the effectiveness of the influenza vaccination programs for preschool aged children. We appreciate your cooperation in filling out this survey.

Total # of Students between ages 6-59 mos. subject to the influenza requirement	Total # of Students who received influenza vaccine by December 31st	Total # of Religious Exemptions for influenza vaccine	Total # of Medical Exemptions granted for influenza vaccine

## Department of Health

P. O. Box 360, Trenton, NJ 08625-0360

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